

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3	5					
4	12					
5	12					
6	1		1			
7	6					
8			1			
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TOTAL IND.		2	↓		↓	
TOTAL DEP.	←	16	←	←	←	←
TOTAL CLAIMS		18				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.		2	↓		↓	
TOTAL DEP.	←	16	←	←	←	←
TOTAL CLAIMS		18				

BEST AVAILABLE COPY